

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO
108102605

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/	/				
4		/				
5		/				
6	/					
7	/					
8		/				
9		/				
10		/				
11		/				
12		/				
13						
14		/				
15		/				
16	/					
17	/					
18		2				
19		2				
20		2				
21	/					
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32		/				
33		/				
34		/				
35		/				
36		2				
37		/				
38		/				
39		/				
40		17				
41		17				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	68					
TOTAL CLAIMS	77					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						